

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

34001

State File No.

REC'D OCT 7 1952

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 156	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moundville		1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT		b. (Middle) HASTINGS		c. (Last) CAMPBELL		4. DATE OF DEATH (Month) (Day) (Year) September 29 1952	
5. SEX M		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 27 1872	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster		11. BIRTHPLACE (City and State or Foreign Country) Grinnell Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Campbell		13b. MOTHER'S MAIDEN NAME Mary Ann Monross		14. NAME OF HUSBAND OR WIFE Ettie Campbell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ettie Campbell Moundville Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident-embolus ANTECEDENT CAUSES Curricular Fibrillation DUE TO (b) Several months DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4331				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/26 1952 , to 9/29 1952 , that I last saw the deceased alive on 9/29 1952 , and that death occurred at 3:00 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. E. Morris, M.D.				23b. ADDRESS Nevada Mo		23c. DATE SIGNED 9/30/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 1 1952		24c. NAME OF CEMETERY OR CREMATORY Welborn Cemetery		24d. LOCATION (City, town, or county) (State) Vernon County Missouri	
DATE REC'D BY LOCAL REG. 10-2-52		REGISTRAR'S SIGNATURE Anna J. Ferris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ferry Funeral Home Nevada, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 27 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 1760

P. O. Address Nevada, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.